

To be used for changes to registrations and terminations.

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Drive, Third Floor Baton Rouge, Louisiana 70808 Phone (225)763-8777 or 1(800)842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

Postmark Date: 1-25-07

BURP. L

1070975

1. NAME	Fusilier,	Julie	A.
	Last	First	Middle

2. BUSINESS PHONE (225)381-7700

3. BUSINESS ADDRESS	450 Laurel Street, Suite 1101	Baton Rouge, La.	70801
	Street and No.	City	State Zip

MAILING ADDRESS	450 Laurel Street, Suite 1101,	Baton Rouge,	La.	70801
	Street and No.	City	State	Zip

4. EMPLOYER Middleberg Riddle & Gianna

5. EMPLOYER'S ADDRESS 450 Laurel Street, Suite 1101, Baton Rouge, La 70801
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name National Mortgage Brokers Association

Address 1919 Pennsylvania Avenue N.W., Washington D.C. 20006 Phone (202) 557-2800

Business or purpose	Real Estate Finance
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☒ New Representation
Does this person pay you? Yes

If No. who pays you? _____

☐ Terminated Representation as of:

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist